	Outdoor Recreation Matching Grant		DATE RECEIVED FOR INTERNAL USE ONLY		
	Cover Sheet				
	Outdoor Recreation Grants Program Arkansas Department of Parks, Heritage and Tourism				
1.	APPLICANT INFORMATION				
a.	Name of Municipality or County	b. <i>i</i>	Applicant Type  Municipality  County		
C.	Mailing Address	d.	Do you have an active parks committee?  Yes  No		
2.	APPLICATION PREPARER'S INFORMATION				
a.	Name b. Mailing Address		c. Phone Number		
3.	PROJECT INFORMATION				
a.	Title of Project				
b. 4.	D. Park(s) to be Developed and/or Acquired  Park 1  Park Name  Physical Address  Park 2  Park Name  Physical Address  Park 3  Park Name  Physical Address  A TOTAL PROJECT COST  NOTE: The amount requested must be equal or less than the applicant's match  Amount Requested  Applicant's Match  Total Project Cost  \$ 0.00				
5.	CHIEF EXECUTIVE OFFICER				
a.	Name	b.	Title		
C.	Phone Number	d. [	Email		
e.	Signature of Chief Executive Officer				
	Signature		Date		

Applicant Name

	Project Narrati	ve		L	
	Outdoor Recreation Grants Pro Arkansas Department of Parks, Heritag	ogra ge ar	ım nd Tourism		
1.	PROJECT DESCRIPTION				
	What improvements are you applying for?				
2.	BENEFITS EXPECTED				
	How will this grant impact your park?				,
3	CHIEF EXECUTIVE OFFICER				_
	Name	b.	Title		
C.	Phone Number	d.	Email		
e.	Signature of Chief Executive Officer				
	Signature		Date		-

## **Estimated Project Cost**

Outdoor Recreation Grants Program Arkansas Department of Parks, Heritage and Tourism

Line Item

**DEVELOPMENT COSTS** 

Park Name

Applicant	Nam	ie
Applicant Name		
		Cost
	\$	Cost
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL		0.00
COSTS (OPTIO	NAL	)
1)	\$	
6 of Box #1)	\$	
TOTAL	\$	0.00
101712	<u> </u>	0.00
ning		Grand Total
=	\$	0.00
	Ψ	0.00
<u> </u>		

TOTAL \$ 0.00  2. ACQUISITION METHOD  3. ADMINISTRATIVE AND PLANNING COSTS (OPTIONAL)	
Purchase Donation N/A Administration (Up to 10% of Box #1) \$ Architecture/Engineering (Up to 12% of Box #1) \$ TOTAL \$ 0.00	
Development Acquisition Admin/Planning Grand Tota \$ 0.00 + \$ 0.00 + \$ 0.00 = \$ 0.00	I
Prioritized Line Items         1.	
6. CHIEF EXECUTIVE OFFICER  a. Name  b. Title  c. Phone Number  d. Email  e. Signature of Chief Executive Officer  Signature  Date	
REVISED JA	 \N 2020

## **SCORP Priority Assessment**

Outdoor Recreation Grants Program Arkansas Department of Parks, Heritage and Tourism

Applicant Name		

1.	SCORP PRIORITIES
a.	Review pages 15-26 of the Arkansas SCORP and address at least one of the following priorities:  Connectivity: Making connections to communities and facilities that are currently disconnected
b.	Community: Fostering community interaction through projects that fit into the rhythms of everyday life
C.	Innovation: Maximizing resources and creating new experiences by re-purposing neglected facilities
d.	Accommodation: Adapting to changing demographics and recognizing marginalized populations
e.	Stewardship: Preserving and re-purposing the built environment while conserving and protecting the natural one
2.	CHIEF EXECUTIVE OFFICER
a.	Name b. Title
C.	Phone Number d. Email
e.	Signature of Chief Executive Officer  Signature Date

Applicant Name

Fund Source Assurance				
	Outdoor Recreation Grants Program Arkansas Department of Parks, Heritage and Tourism			
1.	TOTAL PROJECT COST			
	Please use the same amounts shown on the Cover Sheet			
	Amount Requested Applicant's Mate	Total Project Cost  = \$ 0.00		
2.	PROJECT PAYMENT METHOD			
	How will you pay for the Total Project Cost?			
	All Cash Value Combination of Cash Value and	Promised Donations Mostly Promised Donations		
3.	CASH VALUE	4. PROMISED DONATIONS		
	What types of Cash Value will be used?	What donations have been promised to the applicant?		
	Available Funds \$	Donated Cash \$		
	In-Kind Labor \$	Donated Labor \$		
	In-Kind Equipment Use \$	Donated Materials \$		
	+ Land Acquisition Value \$	+ Donated Equipment Use \$		
	SUM \$ 0.00	SUM \$ 0.00		
5.	FUND SOURCE SUMMARY			
	CASH VALUE DON \$ 0.00 + \$ 0.00	ATIONS TOTAL PROJECT COST = \$ 0.00		
6.	CHIEF EXECUTIVE OFFICER			
a.	Name	b. Title		
C.	Phone Number	d. Email		
e.	Signature of Chief Executive Officer  Signature	Date		